

Letters to the Journal

Letters are welcomed and will be published as space permits. Like other material submitted for publication, they should be typewritten, double-spaced, should be of reasonable length, and will be subject to the usual editing. The accuracy of statements of fact contained in these letters is the responsibility of the correspondent.

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SPIROMETRY VERSUS RADIOGRAPHY IN THE DIAGNOSIS OF EMPHYSEMA

To the Editor:

I should like to comment on the short communication "Spirometry versus Radiography in the Diagnosis of Emphysema" by Wigderson and Shapiro in the November 17 issue (*Canad. Med. Ass. J.*, 87: 1076, 1962).

To make their point that spirometry is a valuable diagnostic tool in generalized obstructive emphysema, they compare it with a diagnostic method that has long been recognized as useless, namely standard chest radiography.

In their analysis of their 40 patients Drs. Wigderson and Shapiro state that 10 of these had clinical, radiological and spirometric evidence of emphysema. Of the remaining 30, however, no mention is made of the clinical picture, only of the spirometric studies and the radiological interpretation. Is this just another instance of radiologists over-reading the chest films even when there is no clinical suspicion of emphysema? This would appear to be the case from the fact that they did not, in fact, have spirometric evidence of this disease. From this analysis it is not possible to ascertain whether the 10 patients who were found to be suffering from emphysema were mild early cases or severe late ones. In the latter instance, of course, spirometric studies would not be necessary—and a simple glance from the foot of the bed would suffice.

If a simple clinical test for diagnosing emphysema is required, I have always found the inferior right lung border, as described by Woolf,¹ of value. If more diagnostic sophistication is desired, the same author describes a "surprise" roentgenogram and a 90% desaturation time as useful procedures.

Finally, there can be no real basis for disparity between clinical and radiological opinions, for the diagnosis must be a purely clinical one, since the changes are physiological and only microscopically anatomical and therefore undetectable radiologically until very late.

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REFERENCE

1. WOOLF, C. R.: *Amer. Rev. Resp. Dis.*, 80: 705, 1959.

To the Editor:

In reply to Dr. H. Rotman's letter concerning "Spirometry versus Radiography in the Diagnosis of Emphysema", I shall attempt to be brief.

Firstly, I think it somewhat unfortunate that he states "a diagnostic method that has long been recognized as useless, namely standard chest radiography". My only hope is that he will not bring down upon him

the wrath of all the radiologists! In any event, our intention was to stress the simple fact that an x-ray film in the diagnosis of emphysema is not as sensitive as the spirogram—no more, no less.

Secondly, in his last paragraph Dr. Rotman states that "the diagnosis must be a purely clinical one". Frankly, we have found that it can be very difficult to differentiate clinically the various obstructive pulmonary diseases and have been happy to incorporate any laboratory assistance that we could get, especially if this can be done via simple measures. We do not think that any one would question the simplicity of spirometry.

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THE VOICE OF MEDICINE

To the Editor:

I was greatly distressed to read Dr. Walter M. Little's letter in the December 8, 1962 issue of *The Canadian Medical Association Journal* (87: 1248, 1962), concerning the VOICE OF MEDICINE.

In order to clear up the misunderstanding which seems to have arisen as to the responsibility of the Excerpta Medica Foundation in connection with the VOICE OF MEDICINE recording program, I would like to give you some background information about the organization of this project and its administration.

The Excerpta Medica Foundation has endeavoured to expand its methods of disseminating medical information, on a postgraduate level, through new media, such as recordings of special seminars on current research, reflecting the most advanced clinical findings. Since the Foundation is a non-profit organization, it has neither the funds nor the staff required to administer an extensive recording project such as the VOICE OF MEDICINE. Therefore, an arrangement was made with a firm which dealt in educational recordings. This firm assumed all responsibility for promotion, subscription sales and administrative matters. The role of the Foundation was confined to the responsibility for the preparation of the scientific content and the editing of the recordings.

As regards the "Made in Canada" markings on the VOICE OF MEDICINE recordings, the arrangements which were made for pressing these recordings were not a matter of our concern, as they were beyond the scope of our immediate responsibility.

Nevertheless, we have been greatly disturbed to learn that letters dealing with such important matters as were raised by Dr. Little and also by the Secretariat of The Canadian Medical Association were left unanswered by the distributor, as we had been given to understand that they had been attended to many months ago. Indeed, a letter was received by the Foundation from The Canadian Medical Association